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# Clark County Regional Support Network Policy Statement

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**Policy No.:** QM01  
**Policy Title:** Quality Management Program  
**Effective Date:** September 1, 2001

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**Policy:** In partnership with consumers, families, and providers the CCRSN will facilitate the development and successful operation of the Quality Management Program. The CCRSN serves as the policy-making entity with regard to the QM Program. The purpose of such a program is to improve the behavioral health and well being to those who access mental health services through the CCRSN. To that end, the goal is to ensure that all consumers receive the highest quality and most cost effective mental health services available through the development and maintenance of a qualified, diverse and accessible multidisciplinary network of mental health providers and care and service organizations. The program encompasses the total effort and responsibility of all consumers, family members, clinicians, mental health advocates, CCRSN personnel and other stakeholders. The QM Program delineates the steps used objectively to monitor and evaluate the quality of mental health care services on an ongoing basis. CCRSN believes that high quality mental health care is consumer centered, clinically effective, outcomes driven and culturally competent.

**Reference:** WAC 388-865, Clark County/DSHS Mental Health Services Contract and the Washington State Medicaid Waiver.

**Objectives:** The primary objectives of the Quality Management Program are to:

1. Conduct continuous quality improvement activities and focused studies on a regular basis.
2. Obtain feedback through site visits, utilize various measures of provider performance, conduct surveys, and review complaint/grievance/incident data to be used to monitor and improve quality of care.
3. Integrate quality improvement activities with other relevant CCRSN operations and participate in cross-system collaborative quality improvement projects.
4. Improve the quality of care by identifying clinically effective providers and educating them on clinical "best practices."
5. Provide quality oversight of the provider network to assure that all providers meet quality standards of clinical care set by the RSN and State licensing standards.
6. Assure appropriate access to needed levels of care in a diverse, multidisciplinary network reflective of the member population.

**Scope of the Quality Management Program:** The CCRSN QM Program is designed to promote continuous quality improvement in all clinical and service delivery systems. The scope of the program is comprehensive and a wide range of aspects of the mental health services provided in Clark County are

measured and trended on a monthly, quarterly or annual basis. Major components of this program include:

1. QM Program Description
2. Annual QM Workplan
3. Monthly QM Committee Meeting Activities
4. Annual Evaluation of the QM Activities
5. Ad Hoc Reports or QM Studies

1. Quality Management Program Description

The QM Program Description is a narrative description of the mission, goals, objectives, and major activities associated with the QM Program. This is updated annually as needed.

2. Annual Quality Management Workplan

The Annual QM Workplan is derived from the previous year's activity on categories of identified trends or areas of concern. The Workplan is more specific in detail than the Program Description and serves as a project management tool for those involved in QM activities. The Workplan is a schedule of activities for the current year with details, specific times, activities, and staff delineated. The Workplan includes objectives, scope of projects, and indicators to be measured/trended. It is the responsibility of the QM Committee to develop and disseminate the Workplan in the context of the Program Description and previous Annual Evaluation.

3. Monthly QM Committee Meetings

The QM Committee meets on a monthly basis, prepares and distributes an agenda, and keeps attendance and written minutes of meetings. The RSN Quality Manager chairs these meetings. Contracted providers are expected to send a delegate to each of these meetings. Please refer to Policy & Procedure No. 41 – Quality Management Committee.

4. Annual QM Evaluation

The QM Committee completes an Annual Evaluation of the QM program and activities. The Annual Evaluation serves to analyze and evaluate the overall effectiveness and performance of the quality improvement activities. The evaluation includes a review of the QM Program Description, the Workplan, minutes of the monthly QM Committee, and any Ad hoc reports, trend studies, or special QM studies. Trends are noted and proposed changes are made to continuously improve quality. Input from members of the QM Committee, QM subcommittees and workgroups, providers, consumers, families and staff are used to make the evaluation and recommendations for the next year.

5. Ad Hoc Reports/QM Studies

As a result of various issues or concerns that occur during the course of the year in the QM Committee or subcommittees, there may be a defined need to further study, on a time-limited basis, aspects of the CCRSN mental health services. The QM Committee shall appoint, as necessary, workgroups or other appropriate entities to review, investigate, and report back to the QM Committee, as appropriate. Findings of these specific studies will be documented in the minutes of the QM Committee meetings and included in the Annual QM Evaluation.

## QM Program Components:

There are a number of major QM Program Components that are addressed in the meetings and activities of the QM Committee and its subcommittees or study groups. They are:

### 1. Performance Monitoring

Providers are asked to comply with specific service measures. Some performance measures are service utilization and financial; additional areas might include level of functioning scores (i.e., GAF, BERS, BSI), and case review reports or termination reports. Some service targets are set (i.e., "new" Medicaid members receiving service) to purposely encourage service in targeted areas. The RSN will work with each provider agency to review the performance of the agency on a monthly basis and review the agency's performance in defined performance areas. Some performance areas may be targeted with financial incentives for the provider. When performance changes are required as a result of changes in the contract between CCRSN and the Mental Health Division, these too will be incorporated into the performance indicators.

### 2. Clinical Outcomes

Clinical outcomes are fundamental to demonstrating improvement among the clients served. It is probably the single-most important measure of the effectiveness of clinical efforts. Clinical outcomes might include:

- a) Functional Assessments -- The RSN will work with providers to develop reports showing changes in functional assessment scores (i.e., GAF, BERS, BSI, etc.) for enrollees. The goal is to examine the relationships among functional scores and service requirements with a focus on consumer clinical and functional improvement. Other functional measures might include employment, education, housing and so on.
- b) Case Reviews -- Case reviews involving RSN care managers will be summarized and analyzed to determine individual client progress in treatment, remove systems issues that are barriers to clinical improvement and identify the need for changes in policy, procedure and/or training for the service system.

### 3. Satisfaction Surveys

The RSN completes satisfaction surveys for two groups:

- a) Consumers -- The RSN conducts consumer satisfaction surveys by using the CSQ-8 instrument on a quarterly basis. Information obtained from these surveys is compiled and analyzed and made available to providers, the QM Committee, and the Mental Health Advisory Board.
- b) Providers -- The RSN will complete an annual Provider Satisfaction Survey and make available the results of this survey to the QM Committee and the Mental Health Advisory Board.

### 4. Provider Credentialing/Profiling

The credentialing and provider profiling is completed initially on entering a contract with the RSN and annually thereafter. The RSN will ensure that agencies providing clinical services are licensed and qualified to provide the service for which they are contracted. The credentialing process defines services provided by the contracted agency's clinical staff, assures continued clinical staff competence consistent with defined areas of practice, and incorporates quality improvements findings and staff performance appraisals.

## 5. Complaints/Grievances

Complaints and grievances (see P & P) are documented, reviewed, and reported to the QM Committee on a monthly basis.

## 6. Critical Incidents

Serious incidents such as deaths, suicide attempts, injurious assaults occurring on provider premises and physical injuries are all reportable to the RSN as “critical incidents.” In the case of a death, suicide attempt, and/or injurious assault on or by clients, the provider shall notify the RSN within 24 hours of knowledge of such incident. All serious incidents will be summarized and reported to the QM Committee on a monthly basis.

## 7. Administrative and Chart Reviews

- a) Administrative Reviews -- On an annual basis, the RSN will review administrative documentation, personnel records, fiscal information and procedures, and accounting processes of organization providers under contract. The review is generally conducted on-site, allowing for RSN staff to ascertain any other potential issues which might affect quality of services (i.e. reception staff greeting, waiting room physical appearance, handicapped access, life safety issues, posting of member rights, etc.). The RSN will develop a checklist for these reviews and make the checklist available to providers prior to site visits.
- b) Chart Reviews -- Medical records are reviewed by RSN staff at least bi-annually for appropriateness, completeness, accuracy, and timely completion of information with action taken as necessary to improve the process. The review is performed by, at a minimum, the Quality Manager, Care Management staff, and the Financial Coordinator. The Washington Mental Health Division’s clinical review protocol has been adapted for this purpose.

## 8. Concurrent Reviews

As part of the authorization process, RSN care managers work daily with agency clinicians to review cases in service. This process provides data on the clinical sophistication of agency clinical staff. The process allows for standardization of care through the Care Manager’s Case Conferences across the delivery system. Reviews may also involve all relevant parties to a client’s case, be consultative, assist in problem solving and system coordination, and/or plan to address significant client needs. Such reviews may be initiated or requested by providers, consumers, or others involved with the consumer’s care.

## 9. QRT Committee

The RSN will participate in the QRT committees as described in the QRT Policy and Procedure.

## 10. Information System Audits and Data Integrity Reviews

For financial projections, modeling and reconciliation, the quality of data is critical. Many of the performance measures and quality improvement processes rely on valid and reliable data. To this end, the RSN will implement a series of mechanisms to ensure data accuracy and integrity. The RSN will ensure data integrity and that the activity data in the charts is reflected in the activity data report to the CCRSN database. Providers will participate in data verification procedures to ensure validity and reliability of data.

## 11. Policy and Procedures



- a) Annual Review -- On an annual basis, the RSN will review the Policy and Procedure manual and update, as required, outdated policies and procedures. See Policy and Procedure No. 36 – Policy and Procedure Review. The RSN and the QM Committee will review these.
- b) Development of New P & Ps -- Policies and procedures may be developed by the RSN or the QM Committee. Parties interested in submitting new policies and procedures should do so through either of the previously listed groups.

## 12. Focused Studies

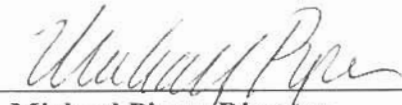
Whenever the need arises to conduct an in-depth review and analysis of a program area, concern, or activity, the QM Committee will complete a Focused Study. The staff reviewing the issue needs to understand the problem not only from its immediate perspective, but also in context of the rest of the system of care. From this analysis, the intent is to look at means of improving the issue, making a change, and evaluating the impact of that change. Each process will be tailored to the specific focus study area and may include data collection as well as individual or group interviews or record reviews.

### **Procedures:**

1. The RSN will administer the various QM functions and act as a centralized entity for QM system issues and changes to procedures, policies and contracts.
2. The RSN will provide a full time QM Manager and necessary Data Analyst supports to meet the QM Program's needs.
3. It is expected that consumers and advocates will be integrally involved with many of the activities of this department.
4. The RSN QM staff will:
  - a) Attend QRT meetings and provide necessary information and collaboration to assist the QRT in meeting its goals.
  - b) Monitor provider agencies to ensure that they have functional Quality Improvement programs in place. Provide some limited consultation and technical assistance to agencies in developing QI and QM processes and systems.
  - c) Develop and conduct consumer-based outcome studies, concurrent reviews and other monitoring processes as assigned.
  - d) Analyze and prepare the PHP Report Card for quality improvement processes.
  - e) Attend Mental Health Advisory Board meetings to provide information on the QM program.
  - f) Analyze and distribute results from Satisfaction Surveys.
  - g) Participate in ad hoc, focused quality improvement studies.
  - h) Through the Training Subcommittee, coordinate the development and implementation of an annual Provider Training Plan.
  - i) Coordinate collection, reporting and analysis of complaint and grievance data.

- j) In collaboration with the RSN Medical Director, develop and implement “Best Practice Guidelines” as they relate to provider performance, care management, and authorization protocols.
- k) Maintain, update, and distribute the PHP Policy and Procedure Manual.
- l) In collaboration with the Provider Relations staff at the RSN, develop and maintain a Provider Profile system.
- m) Ensure the regular meeting and functioning of the Cultural Competency Subcommittee of the QM Committee.

Approved By: \_\_\_\_\_



**Michael Piper, Director**  
**Clark County**  
**Department of Community Services**

Date: \_\_\_\_\_

1-4-05